

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

Via USPS Post Office Box 198689 (USPS)

Nashville, TN 37219-8689

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Virginia Board for Barbers and Cosmetology
TRAINING & EXPERIENCE VERIFICATION FORM

Instructions:

Applicants: Complete items 1 through 10, obtain the required information with signatures on page 2, and then send this form to Professional Credential Services at the above address.

Verifiers:

- ◆ A school director or instructor must complete and sign the Training Verification on page 2.
- ◆ A supervisor or other individual familiar with the applicant's work must complete and sign the Experience Verification on page 2.

1. Name _____
Last First Middle Generation

2. Social Security Number or Virginia DMV Control Number * - -

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a Social Security Number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth _____

4. Maiden Name or Former Surname(s) _____

5. Street Address (PO Box not accepted) _____

PHYSICAL ADDRESS REQUIRED

City State Zip Code

6. Mailing Address (PO Box accepted) _____

City State Zip Code

7. E-mail Address _____

8. Contact Numbers _____

Primary Telephone

Alternate Telephone

Facsimile

9. Select the **one** type of license you are requesting.

- | | |
|---|--|
| <input type="checkbox"/> Barber | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Permanent Cosmetic Tattooing |
| <input type="checkbox"/> Nail Technician | <input type="checkbox"/> Master Permanent Cosmetic Tattooing |
| <input type="checkbox"/> Wax Technician | |
| <input type="checkbox"/> Hair Braiding | |
| <input type="checkbox"/> Body Piercing | |
| <input type="checkbox"/> Body Piercing Apprenticeship Sponsor | |
| <input type="checkbox"/> Esthetician | |
| <input type="checkbox"/> Master Esthetician | |

10. Signature _____ Date _____

TRAINING VERIFICATION

Name of School _____

Street Address (PO Box not accepted) _____

City State Zip Code
County

Mailing Address (PO Box accepted) _____

City State Zip Code

Virginia School License Number _____

Numbers of Hours Completed _____

Course of Study _____

Dates Attended From _____ To _____

Director/Instructor Name _____ License No. (if any) _____

Director/Instructor Signature _____ Date _____

EXPERIENCE VERIFICATION

Required only for applicants with less than the required number of training hours.

Employer _____

Street Address (PO Box not accepted) _____

City State Zip Code
County

Mailing Address (PO Box accepted) _____

City State Zip Code

Contact Numbers Primary Telephone _____ Alternate Telephone _____

Dates of Employment From _____ To _____

Supervisor/Reference's Name _____

Supervisor/Reference's Signature _____ Date _____